

UNITED STATES DEPARTMENT OF COMMERCE
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CLB

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO./TITLE
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097080.140

05/15/98

BILLING-MEDICAL

P

6105. US, P1

0252/0702

STEVEN F WEINSTOCK
ABBOTT LABORATORIES
D-3777/APCD
100 ABBOTT PARK ROAD
ABBOTT PARK IL 60064-3500

NOT ASSIGNED

1642

DATE MAILED:

07/02/98

NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given **TWO MONTHS FROM THE DATE OF THIS NOTICE** within which to file all required items and pay fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the **SURCHARGE** set forth in 37 CFR 1.16(e) of ☐ \$65.00 for a small entity in compliance with 37 CFR 1.27, or ☒ \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

If all required items on this form are filed within the period set above, the total amount owed by applicant as a ☐ small entity (statement filed) ☒ non-small entity is \$ 2,842.00.

- ☒ 1. The statutory basic filing fee is:
☒ missing.
☐ insufficient.

Applicant must submit \$ 190.00 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).

- ☒ 2. Additional claim fees of \$ 192, including any multiple dependent claim fees, are required.

\$ 1394.00 for 1 independent claims over 3.

\$ 528.00 for 24 dependent claims over 20.

\$ for multiple dependent claim surcharge.

Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.

- ☒ 3. The oath or declaration:
☒ is missing or unexecuted.
☐ does not cover the newly submitted items.
☐ does not identify the application to which it applies.
☐ does not include the city and state or foreign country of applicant's residence.

An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required.

- ☐ 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.

A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.

- ☐ 5. The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

08/03/1998 A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).

- ☐ 7. Your filing receipt was mailed in error because your check was returned without payment.

01 FC:101 The application does not comply with the Sequence Rules.

02 FC:102 See attached Notice to Comply with Sequence Rules 37 CFR 1.821-1.825."

03 FC:103 528.00 CH

04 FC:105 OTHER: 130.00 CH

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

A copy of this notice MUST be returned with the reply.

Customer Service Center
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



1642

SECTOR
\$Please type a plus sign (+) inside this box → ☐PTO/SB/21 (12-97)
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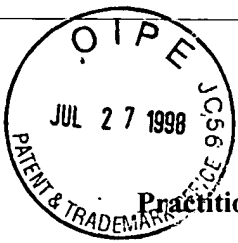
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/080,140	
	Filing Date	May 15, 1998	
	First Named Inventor	P. A. Billing-Medel et al.	
	Group Art Unit	1642	
	Examiner Name		
Total Number of Pages in This Submission	9	Attorney Docket Number	6105.US.P1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	-Executed Declaration and Power of Attorney (4 pages)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	-Notice to File Missing Parts of Application (Form PTO 1533)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	-Return-Receipt Postcard
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Cheryl L. Becker, Reg. No. 35,441
Signature	<i>Cheryl L. Becker</i>
Date	July 22, 1998

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 07/23/1998			
Typed or printed name	Amy J. Martin		
Signature	<i>Amy J. Martin</i>	Date	7-23-98

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Practitioner's Docket No. 6105.US.P1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: P. A. Billing-Medel et al.

Serial No.: 09/080.140

Group No.: 1642

Filed: 05/15/1998

Examiner:

For: REAGENTS AND METHODS USEFUL FOR DETECITNG DISEASES OF THE PROSTATE

Box Missing Parts

Assistant Commissioner for Patents

Washington, D.C. 20231

**COMPLETION OF FILING REQUIREMENTS
—NONPROVISIONAL APPLICATION**

I. This is in response to the Notice to File Missing Parts of Application (PTO-1533) mailed July 2, 1998.

A copy of the Notice to File Missing Parts of Application—Filing Date Granted (Form PTO-1533) is enclosed.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING



deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE



transmitted by facsimile to the Patent and Trademark Office.

Signature

Date: July 23, 1998

Amy J. Martin

(type or print name of person certifying)

COMPLETION FEES

II.

1. Filing Fee

Original patent application (37 C.F.R. 1.16(a))	\$790.00
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2. Fees for Claims

Each independent claim in excess of 3 (37 C.F.R. 1.16(b))	\$1,394.00
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Each claim in excess of 20 (37 C.F.R. 1.16(c))	\$528.00
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3. Surcharge Fee

Late filing of original declaration or oath (37 C.F.R. 1.16(e))	\$130.00
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Total completion fees	\$2,842.00
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TOTAL FEE DUE

III. The total fee due is:

Completion fees	\$2,842.00
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Total Fee Due \$2,842.00

PAYMENT OF FEES

IV. Charge Account No. 01-0025 in the amount of \$2,842.00.

A duplicate of this request is attached.

Please charge Account No. 01-0025 for any fees that may be due by this paper.

Abbott Laboratories
D377/AP6D
100 Abbott Park Road
Abbott Park, IL 60064-3500
USA

Tel. No.: (847) 935-1729


SIGNATURE OF PRACTITIONER

Cheryl L. Becker
Reg. No.: 35,441
Attorney for Applicants